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CONFIRMATION NO. 3004

SERIAL NUMBER 09/826,486	FILING DATE 04/04/2001 RULE	CLASS 257	GROUP ART UNIT 2814	ATTORNEY DOCKET NO. 004320.P045	
APPLICANTS Ronald R. Foster, Los Gatos, CA; ** CONTINUING DATA ***** SA ** FOREIGN APPLICATIONS ***** SA					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/02/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> SA Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
ADDRESS Lance A. Termes BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Seventh Floor 12400 Wilshire Boulevard Los Angeles, CA 90025-1026					
TITLE Integrated biometric security system					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 3004

SERIAL NUMBER 09/826,486	FILING DATE 04/04/2001 RULE	CLASS 340	GROUP ART UNIT 2635	ATTORNEY DOCKET NO. 004320.P045
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APPLICANTS

Ronald R. Foster, Los Gatos, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/02/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

25096
PERKINS COIE LLP
PATENT-SEA
P.O. BOX 1247
SEATTLE, WA
98111-1247

TITLE

Integrated biometric security system

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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